

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3975 Fair Ridge Dr.

Suite 400 North

☐Check if different
than previously
reported. (ACC)

FAIRFAX

VA

22033

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00408435

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☒July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

04

01

2006

through

06

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Larry Kaplan

Signature of Treasurer

Electronically Filed by Mr. Larry Kaplan

Date

07

14

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		50786.65
(b) Cash on Hand at Beginning of Reporting Period	52136.65	
(c) Total Receipts (from Line 19)	31145.92	32495.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	83282.57	83282.57
7. Total Disbursements (from Line 31)	7120.29	7120.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76162.28	76162.28
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	24010.00	25010.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	7110.00	7460.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	31120.00	32470.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	31120.00	32470.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	25.92	25.92
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	31145.92	32495.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31145.92	32495.92

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	120.29	120.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	120.29	120.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	7000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7120.29	7120.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	7120.29	7120.29

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	31120.00	32470.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31120.00	32470.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	120.29	120.29
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	120.29	120.29

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Sanford Altman Mailing Address 16400 NW 2nd Ave. City Miami State FL Zip Code 33169 FEC ID number of contributing federal political committee. C Name of Employer Open Access Vascular Access Ce Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4707 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Curtis Bakal Mailing Address 920 Hardscrabble Rd City Chappaqua State NY Zip Code 10514 FEC ID number of contributing federal political committee. C Name of Employer University Medical and Dental Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 7 / 2 0 0 6 Transaction ID: SA11A1.4793 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Rashmikanth Baxi Mailing Address 177 Dogwood Rd. City Roslyn State NY Zip Code 11576 FEC ID number of contributing federal political committee. C Name of Employer Nassau County Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.4779 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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PAGE 7 / 29

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Davender Bhardwaj Mailing Address 1800 East Lakeshore Dr. City State Zip Code Decatur IL 61521 FEC ID number of contributing federal political committee. C Name of Employer St. Mary's Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 5 / 2 0 0 6 Transaction ID: SA11A1.4748 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Stuart Braverman Mailing Address 232 Constance Ln. City State Zip Code Santa Barbara CA 93105 FEC ID number of contributing federal political committee. C Name of Employer Pueblo Radiology Medical Group Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4869 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Joshua Brodtkin Mailing Address 11 Woodglen Ln. City State Zip Code Voorhees NJ 08043 FEC ID number of contributing federal political committee. C Name of Employer South Jersey Radiology As- socia Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.4880 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 8 / 29

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Daniel Brown			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6	
Mailing Address 510 S. Kingshighway Blvd.			Transaction ID: SA11A1.4766	
City State Zip Code St. Louis MO 63110			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Mallinkrodt Institute of Radio		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Michael Brunner			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 5145 N California Ave			Transaction ID: SA11A1.4697	
City State Zip Code Chicago IL 60625			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Swedish Covenant Hospital		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Dr. Charles Burke			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6	
Mailing Address 245 Woodcreek Ct.			Transaction ID: SA11A1.4856	
City State Zip Code Chapel Hill NC 27516			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer University of North Carolina		Occupation doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 29

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Scott Burstein Mailing Address 4506 Oakwood Ave. City Downers Grove State IL Zip Code 60515 FEC ID number of contributing federal political committee. C Name of Employer Good Samaritan Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 09 / 2006 Transaction ID: SA11A1.4709 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Francis Cassidy Mailing Address 3330 NW 56th St. City Oklahoma City State OK Zip Code 73112 FEC ID number of contributing federal political committee. C Name of Employer Radiology Associates, Inc. Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 15 / 2006 Transaction ID: SA11A1.4749 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Steven Citron Mailing Address 13 Ball Mill Place City Atlanta State GA Zip Code 30350 FEC ID number of contributing federal political committee. C Name of Employer Radiology Associates Of Atlant Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 15 / 2006 Transaction ID: SA11A1.4747 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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Detailed Summary Page

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PAGE 10 / 29

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Thomas Cunningham Mailing Address 3800 Aspen Pl. City State Zip Code Casper WY 82604 FEC ID number of contributing federal political committee. C Name of Employer Casper Medical Imaging Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 6 Transaction ID: SA11A1.4714 Amount of Each Receipt this Period 500.00	
B. Full Name (Last, First, Middle Initial) Dr. Thomas Demlow Mailing Address 8908 NE 14th St. City State Zip Code Vancouver WA 98664 FEC ID number of contributing federal political committee. C Name of Employer Portland Adventist Medical Cen Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.4742 Amount of Each Receipt this Period 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Joseph Dillard Mailing Address 806 Poly Dr. City State Zip Code Billings MT 59102 FEC ID number of contributing federal political committee. C Name of Employer Eastern Radiological Asso- ciate Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4859 Amount of Each Receipt this Period 220.00	
SUBTOTAL of Receipts This Page (optional) ▶			970.00	
TOTAL This Period (last page this line number only) ▶				

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. William Dittman

Mailing Address 8200 Walnut Hill Ln.

City State Zip Code
 Dallas TX 75231

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4759

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Richard Dobben

Mailing Address 8865 West 400 North

City State Zip Code
 Michigan City IN 46360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michigan City Radiologists

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4811

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Gregory Dubel

Mailing Address #6 Rustwood Dr.

City State Zip Code
 Barrington RI 02806

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brown University/ RI Hosp-
ital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4816

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Douglas Dunco Mailing Address 1000 Kingswood Rd. S City State Zip Code West Lafayette IN 47906 FEC ID number of contributing federal political committee. C Name of Employer Arnett Clinic Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 9 / 2 0 0 6 Transaction ID: SA11A1.4761 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr George Fueredi Mailing Address 4469 South Lakeshore Dr. City State Zip Code Lake Geneva WI 53147 FEC ID number of contributing federal political committee. C Name of Employer Great Lakes Radiologists Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.4699 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. John Fulco Mailing Address 833 Worchester Dr. City State Zip Code Schenectady NY 12309 FEC ID number of contributing federal political committee. C Name of Employer Schenectady Radiologists, PC Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.4694 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		1250.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 13 / 29

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Gregg Gaylord Mailing Address 1601 N. Taylor Dr. City State Zip Code Sheboygan WI 53081 FEC ID number of contributing federal political committee. C Name of Employer St. Nicholas Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt MM / DD / YYYY 05 / 25 / 2006 Transaction ID: SA11A1.4776 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Dr. Jeffrey Georgia Mailing Address 8901 Wisconsin Avenue City State Zip Code Bethesda MD 20889 FEC ID number of contributing federal political committee. C Name of Employer National Naval Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 06 / 23 / 2006 Transaction ID: SA11A1.4834 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Mark Girard Mailing Address 3 Crown Way City State Zip Code Marblehead MA 01945 FEC ID number of contributing federal political committee. C Name of Employer North Shore Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 06 / 26 / 2006 Transaction ID: SA11A1.4845 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Michael Girard Mailing Address 7845 Bella Karen Dr. City State Zip Code La Jolla CA 92307 FEC ID number of contributing federal political committee. C Name of Employer Kaiser Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 10 / 2006 Transaction ID: SA11A1.4729 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Neil Halin Mailing Address 750 Washington St # 253 City State Zip Code Boston MA 02111 FEC ID number of contributing federal political committee. C Name of Employer New England Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 10 / 2006 Transaction ID: SA11A1.4721 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Anthony Hein Mailing Address 25 Camden Place City State Zip Code Corpus Christi TX 78412 FEC ID number of contributing federal political committee. C Name of Employer Radiology&Imaging of South Tex Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt MM / DD / YYYY 05 / 29 / 2006 Transaction ID: SA11A1.4781 Amount of Each Receipt this Period 300.00
SUBTOTAL of Receipts This Page (optional) ▶		800.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. David Henry Mailing Address 19800 Trilby Ct. City State Zip Code Brookfield WI 53045 FEC ID number of contributing federal political committee. C Name of Employer St. Francis Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.4830 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Brent Herbel Mailing Address PO Box 6341 City State Zip Code Grand Forks ND 58206 FEC ID number of contributing federal political committee. C Name of Employer Altru Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 3 / 2 0 0 6 Transaction ID: SA11A1.4838 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Robert Hieb Mailing Address W292N3386 Summerhill Rd City State Zip Code Pewaukee WI 53072 FEC ID number of contributing federal political committee. C Name of Employer Froedtert Memorial Lutheran Ho Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4758 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional) ▶		1000.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Jeffrey Scott Hilger

Mailing Address 3022 E. Ridge Dr.

City State Zip Code
Gibsonia PA 15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Washington Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 01 / 2006

Transaction ID: SA11A1.4786

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kevin Hirsch

Mailing Address 4530 Mendocino Ct.

City State Zip Code
Los Angeles CA 90065

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC-OSC Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 26 / 2006

Transaction ID: SA11A1.4865

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Jeffrey Hull

Mailing Address 2651 Radnor PI

City State Zip Code
Midlothian VA 23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chippenham Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: SA11A1.4821

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. William Thomas Jacoby		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 700 N. Dobson Road Unit 35		Transaction ID: SA11A1.4879	
City Chandler	State AZ	Zip Code 85224	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Associated Radiologists		Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
B. Full Name (Last, First, Middle Initial) Dr. Michael Korona		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 4 / 2 0 0 6	
Mailing Address 118 Laurel Xing		Transaction ID: SA11A1.4790	
City Huntington	State WV	Zip Code 25705	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Radiology Inc.		Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Middle Initial) Dr. Katharine Krol		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 8433 Harcourt Rd		Transaction ID: SA11A1.4785	
City Indianapolis	State IN	Zip Code 46260	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer St.Vincent Hospital		Occupation doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		2500.00	
TOTAL This Period (last page this line number only)			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Shekher Maddineni

Mailing Address 14 Walden Hill

City State Zip Code
 Chappaqua NY 10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westchester Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.4891

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Dana Mann

Mailing Address 8300 83rd Ave.

City State Zip Code
 Wheat Ridge CO 80033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luthern Medical Center

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 2 2 / 2 0 0 6

Transaction ID: SA11A1.4906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy Maroney

Mailing Address 206 Broad and Vine Sts.

City State Zip Code
 Philadelphia PA 19102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hahnemann University Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 5 / 2 0 0 6

Transaction ID: SA11A1.4745

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Mylon Marshall Mailing Address 2201 Lassen Pl. City State Zip Code Davis CA 95616 FEC ID number of contributing federal political committee. C Name of Employer Radiological Associates of Sac Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.4802 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Terence Matalon Mailing Address 5501 Old York Rd City State Zip Code Philadelphia PA 19141 FEC ID number of contributing federal political committee. C Name of Employer Albert Einstein Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.4695 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. John McGue Mailing Address 3768 W. Pawnee Dr. City State Zip Code LaPorte IN 46350 FEC ID number of contributing federal political committee. C Name of Employer LaPorte Radiology Inc Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4757 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 29

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Jeffrey Moulton Mailing Address 4231 W. 16th St. City State Zip Code Denver CO 80204 FEC ID number of contributing federal political committee. C Name of Employer Centura St. Anthony Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4789 Amount of Each Receipt this Period 500.00
B. Full Name (Last, First, Middle Initial) Dr. Andrew Novick Mailing Address 6 Floral Court City State Zip Code Westfield NJ 07090 FEC ID number of contributing federal political committee. C Name of Employer Newark Beth Israel Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 0 6 Transaction ID: SA11A1.4841 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Donald Ponc Mailing Address 7912 Corte Penca City State Zip Code Carlsbad CA 92009 FEC ID number of contributing federal political committee. C Name of Employer Tri-City Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4817 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 29

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Darren Postoak Mailing Address 7703 Floyd Curl Dr. City San Antonio State TX Zip Code 78229 FEC ID number of contributing federal political committee. C Name of Employer University Of Texas Health Sci Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4778 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Richard Price Mailing Address 13348 Old Winery Rd. City Poway State CA Zip Code 92064 FEC ID number of contributing federal political committee. C Name of Employer Palomar Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.4768 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr Rodney Raabe Mailing Address 6361 S. Auer St. City Spokane State WA Zip Code 99223 FEC ID number of contributing federal political committee. C Name of Employer Sacred Heart Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.4701 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 29

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Lee Radford Mailing Address 3248 Bryn Mawr Dr. City Dallas State TX Zip Code 75225 FEC ID number of contributing federal political committee. C Name of Employer St. Paul Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 06 / 07 / 2006 Transaction ID: SA11A1.4797 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Subramanian Ramamurthy Mailing Address 9108 Devon Ridge Dr. City Burr Ridge State IL Zip Code 60521 FEC ID number of contributing federal political committee. C Name of Employer Hines VA Medical Center Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt MM / DD / YYYY 06 / 27 / 2006 Transaction ID: SA11A1.4884 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Kevin Short Mailing Address 10326 County Rd. City Flint State TX Zip Code 75762 FEC ID number of contributing federal political committee. C Name of Employer Tyler Radiology Associates Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00			Date of Receipt MM / DD / YYYY 06 / 29 / 2006 Transaction ID: SA11A1.4889 Amount of Each Receipt this Period 240.00
SUBTOTAL of Receipts This Page (optional) ▶			740.00
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 29

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Ezequiel Silva

Mailing Address 422 Normandy Ave

City State Zip Code
 San Antonio TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Texas Radiology Gro-
up

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 0 9 / 2 0 0 6

Transaction ID: SA11A1.4713

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Stuart Singer

Mailing Address 736 Irving Ave.

City State Zip Code
 Syracuse NY 13210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Crouse Irving Memorial Ho-
spita

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.4756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Suzanne Slonim

Mailing Address 4435 Holland Avenue

City State Zip Code
 Dallas TX 75219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Hospital Of Dal-
las

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 4 / 2 0 0 6

Transaction ID: SA11A1.4744

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Clyde Smith Mailing Address 4104 Bouton Dr. City Lakewood State CA Zip Code 90712 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.4894 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Eva Smorzaniuk Mailing Address 5140 Long Point Farm Dr City Oxford State MD Zip Code 21654 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.4752 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Elizabeth Spencer Mailing Address 26555 N. 86th St. City Scottsdale State AZ Zip Code 85255 FEC ID number of contributing federal political committee. C Name of Employer Desert Endovascular Center and Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.4896 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		750.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. James Spies		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 6 / 2 0 0 6	
Mailing Address 3800 Reservoir Road, Nw Cg201		Transaction ID: SA11A1.4696	
City State Zip Code Washington DC DC 20007		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Georgetown University Medical Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
B. Full Name (Last, First, Middle Initial) Dr. David Stout		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 31731 Tradewinds Dr.		Transaction ID: SA11A1.4774	
City State Zip Code Avon Lake OH 44012		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Drs. Russell, Berkebile & Asso Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
C. Full Name (Last, First, Middle Initial) Dr. Bradley Strnad		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 4 / 2 0 0 6	
Mailing Address 1924 Alcoa Highway		Transaction ID: SA11A1.4808	
City State Zip Code Knoxville TN 37920		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C			
Name of Employer University of Tennessee Medical Occupation doctor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional) ▶		750.00	
TOTAL This Period (last page this line number only) ▶			

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Charles Tate

Mailing Address 4725 N. Federal Highway

City State Zip Code
 Fort Lauderdale FL 33308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holy Cross Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 6

Transaction ID: SA11A1.4901

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Frank Taylor

Mailing Address 3100 E Fletcher Ave

City State Zip Code
 Tampa FL 33613

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Community Hospital

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 5 / 1 3 / 2 0 0 6

Transaction ID: SA11A1.4741

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Dr. Allen Wiesenfeld

Mailing Address 45 Auerbach Ln

City State Zip Code
 Lawrence NY 11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Health Care Associates, LL

Occupation
doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 4 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.4692

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 29

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Philip Wildenhain Mailing Address 313 Mary Ln. City Canonsburg State PA Zip Code 15317 FEC ID number of contributing federal political committee. C Name of Employer Washington Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4794 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	7		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		0	7		2	0	0	6																							
250.00																																
B. Full Name (Last, First, Middle Initial) Dr. Robert Worthington-Kirch Mailing Address 5735 Ridge Ave. Suite 106 City Philadelphia State PA Zip Code 19128 FEC ID number of contributing federal political committee. C Name of Employer Image Guided Surgery Associate Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4725 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	5		1	0		2	0	0	6																							
250.00																																
C. Full Name (Last, First, Middle Initial) Dr. Charles Yim Mailing Address 5 Castlewall Ct. City Lutherville Timoni State MD Zip Code 21093 FEC ID number of contributing federal political committee. C Name of Employer Advanced Radiology Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4854 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	6	250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	6		2	6		2	0	0	6																							
250.00																																
SUBTOTAL of Receipts This Page (optional) ▶		<table border="1"> <tr> <td colspan="10">750.00</td> </tr> </table>	750.00																													
750.00																																
TOTAL This Period (last page this line number only) ▶		<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																														

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 29

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. C Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4705 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. C Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 6 Transaction ID: SA11A1.4788 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Craig Yokley Mailing Address 108 North River Dr. City State Zip Code St. Augustine FL 32095 FEC ID number of contributing federal political committee. C Name of Employer Swedish Covenant Hospital Occupation doctor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.4858 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional) ▶		750.00
TOTAL This Period (last page this line number only) ▶		24010.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 29 / 29

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE PITTS

Mailing Address PO BOX 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement

Candidate Name
FRIENDS OF JOE PITTS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: SB23.4920

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City
Roswell

State
GA

Zip Code
30077

Purpose of Disbursement

Candidate Name
PRICE FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: SB23.4926

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. SENATE VICTORY FUND PAC, THE

Mailing Address PO BOX 7274

City
TUPELO

State
MS

Zip Code
38802

Purpose of Disbursement

Candidate Name
SENATE VICTORY FUND PAC, THE

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District:

Transaction ID: SB23.4929

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00